



**Benton-Franklin Health District
Environmental Health Division**
7102 W. Okanogan Place • Kennewick, WA 99336
(509) 460-4200 or (800) 814-4323
www.bfhd.wa.gov

For Office Use Only	
ACCT. #	
HSP #	

Onsite Sewage Construction Permit Application

Instructions:

- This is an application for a permit to the construct an on-site sewage system. It is illegal to construct an on-site sewage disposal system without first obtaining a permit from the Benton-Franklin Health District. **PLEASE NOTE THIS IS NOT A PERMIT.**
- Soil profile holes may be required on the proposed site. These holes shall be ten (10) feet deep and located as requested by the Health District, in the proposed drainfield area. The applicant and individual excavating holes are responsible for constructing and maintaining the soil profile excavations in a manner to reduce potential for physical injury as required by WAC 296-155 and shall immediately backfill the excavation upon completion of the Health Officer's review.
- Based on the findings at the inspection of these holes, and other criteria, the Health Officer may approve the site, ask for further information, or deny the issuance of a permit.
- Fees: Fees will be charged in accordance with the current fee schedule, and must be submitted with the application. **FEES PAID ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**
- **Please use the reverse side of the application to develop a detailed site plan or attach on a separate sheet. (11" x 17" or smaller) Final sewage system design may be submitted after the completion of a site evaluation. Design may be completed by an Engineer, Licensed Designer, or if gravity flow by the resident owner for a single family home.**
- This application and any subsequent permit are subject to all other applicable laws. It is the applicant's responsibility to comply with said laws.
- Applicants shall have the right to appeal any decision made by the Health Officer.

SECTION 1: INFORMATION FROM APPLICANT ABOUT THE PROPERTY

Date of Application		Proposed Water Source <input type="checkbox"/> Single Family Well <input type="checkbox"/> Public Water Supply	
Site Address		Name of Public Supply:	
Tax Parcel Identification Number	Lot Number	Block Number	
Legal Description of Parcel/Subdivision			

SECTION 2: APPLICANT INFORMATION

Only the legal owner of the property or a contract purchaser may be considered the applicant

Applicant Name		Daytime Phone
Current Mailing Address	City	Zip Code
e-mail address	Home Phone	Cell Phone

SECTION 3: TYPE OF PERMIT NEEDED – TO BE COMPLETED BY APPLICANT

5401 <input type="checkbox"/> New Single Family Home (\$700.00)	5403 <input type="checkbox"/> New Commercial System Less Than 500 Gallons Per Day (\$800.00)
5402 <input type="checkbox"/> Renewal of Permit (Required 30 days prior to expiration) (\$325.00)	5404 <input type="checkbox"/> New Commercial System More Than 500 Gallons Per Day (\$1100.00)
5405 <input type="checkbox"/> Repair/Replacement of System (\$500.00)	5406 <input type="checkbox"/> Replacement of a Septic Tank (\$250.00)
5407 <input type="checkbox"/> Commercial Repair/Replacement of System (\$800.00)	5409 <input type="checkbox"/> Alteration to Existing system (not due to system failure) (\$700.00)
5408 <input type="checkbox"/> Plan Review – Alternative Type System (\$350.00)	5439 <input type="checkbox"/> Plan Re-Review and Permit Revision (\$200.00)

SECTION 4: PERMIT APPLICATION DETAILS

Type of Structure: <input type="checkbox"/> Site Built <input type="checkbox"/> Pre-Manufactured		Property size: <input type="checkbox"/> acres <input type="checkbox"/> square feet	
Number of Employees/Patrons/Residents:		Bedrooms/Gallons Per Day:	
<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Water Softener	<input type="checkbox"/> Basement	<input type="checkbox"/> Plumbing Present in Basement
Proposed Sewage System Contractor:		Contact Number	
Builder:		Contact Number	
Engineer/Designer		Contact Number	

SECTION 5: SIGNATURES

I certify, by signature, that I am either the legal owner or contract purchaser of this property. I further certify that I grant permission to allow the Health Officer and/or his representative(s) to enter said property at their discretion for the purposes of application evaluation, water system inspections, or any subsequent inspections.

Printed Name	Signature of Applicant	Date
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SECTION 6: REQUIRED ITEMS ON SITE PLAN

<input type="checkbox"/> Property dimensions	<input type="checkbox"/> Road and street names	<input type="checkbox"/> Easements on the property
<input type="checkbox"/> Proposed buildings (size and location)	<input type="checkbox"/> Existing buildings (size and location)	<input type="checkbox"/> Driveways and patios
<input type="checkbox"/> Water lines (proposed and existing)	<input type="checkbox"/> Ponds, canals, rivers, surface water within 100 feet of the site	<input type="checkbox"/> Wells on and within 150 feet of site
<input type="checkbox"/> Direction of slope across the site	<input type="checkbox"/> Proposed sewage system location	<input type="checkbox"/> Proposed reserve system location

Scale: 1" = feet

SECTION 7: SITE PLAN